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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Application Number	10/576,731
Filing Date	April 20, 2006
First Named Inventor	Rikki Peter Alexander
Art Unit	1625
Examiner Name	Patricia L. Morris
Attorney Docket Number	07-1010-WO-US

ENCLOSURES *(Check all that apply)*

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input type="checkbox"/> Fee Attached</li> </ul>	<input type="checkbox"/> Drawing(s) <ul style="list-style-type: none"> <li><input type="checkbox"/> Licensing-related Papers</li> </ul>	<input type="checkbox"/> After Allowance Communication to TC <ul style="list-style-type: none"> <li><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</li> <li><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)</li> <li><input type="checkbox"/> Proprietary Information</li> <li><input type="checkbox"/> Status Letter</li> <li><input checked="" type="checkbox"/> Other Endorsement(s) (please identify below): Issue Fee Transmittal Letter - Part B.</li> </ul>
<input type="checkbox"/> Amendment/Reply <ul style="list-style-type: none"> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> </ul>	<input type="checkbox"/> Petition <ul style="list-style-type: none"> <li><input type="checkbox"/> Petition to Convert to a Provisional Application</li> <li><input type="checkbox"/> Power of Attorney, Revocation</li> <li><input type="checkbox"/> Change of Correspondence Address</li> <li><input type="checkbox"/> Terminal Disclaimer</li> <li><input type="checkbox"/> Request for Refund</li> <li><input type="checkbox"/> CD, Number of CD(s) _____</li> <li><input type="checkbox"/> Landscape Table on CD</li> </ul>	
<input type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
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<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <li><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</li> </ul>		
	<input type="checkbox"/> Remarks	
Please charge our Deposit Account No. 13-2490 for the Issue fee, Publication fee and any underpayments.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	McDonnell Boehnen Hulbert & Berghoff LLP		
Signature	/Sandra B. Weiss/		
Printed name	Sandra B. Weiss		
Date	August 4, 2010	Reg. No.	30,814

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature	/Sandra B. Weiss/
Typed or printed name	Sandra B. Weiss
Date	August 4, 2010

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